**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90012 024 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 544684

Corporation Name

Principal Place of Business

BARRY A. KLIGERMAN, D.M.D., P.A.

2480 E. COMME FT. LAUDERDAL		2480 E. COMMERCIAL BLVD FT. LAUDERDALE FL 33308					22405	
	_ , _ , _ , _ ,					DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed		
•	•					09/07/1977		
Principal Place of Business     2a. Mailing Address						4. FEI Number		oplied For
21		26	~			59-1780642		ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	1			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
22 City & State City & State						6. Election Campaign Financing \$5.00 May Be		
City & State	₹	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Zip Country			This corporation owes the current year Intangible		
24	25	29	30			reisonal rioperty rax.	☐ Yes	□No
[24]	9. Name and Address of Currer			<u> </u>		10. Name and Address of New Registered A	gent	
, -	9, 144			81	Name			ł
KLIGERMAN, BARRY A DMD				CO C C C C C C C C C C C C C C C C C C				
2691 E. OAKLAND PARK BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			* *12 03 % (1 10 %)	
FT LAUDERDALE FL 33306				83				
''-	AODENDACE I E GOOD	,				<u>。                                    </u>	<u>(1961) (1964)</u>	\$13H \$14H (36)
				84	City	FL		Côde * ***
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga					poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoin	changing its itment as re	s registered egistered
SIGNATURE			FF. De eleter	ad Acces	t ajanahura raguit	red when reinstating) DATE	<del></del>	<del></del> -
Signature, typed of printed frame of registered dysecured dysecured and printed frame of registered dysecured dysecu					it signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.		DELETE	13	TITLE		<del></del>	☐ Change	☐ Addition
TITLE	PST							
NAME .	KLIGERMAN, BARRY A			NAME				
STREET ADDRESS	9501 N.W. 13TH STREET			_	(ADDRESS	•		
C/TY-ST-ZIP				1.4 CITY-ST-ZIP			☐ Change	[ ] Addition
TITLE	· ·	☐ DELETE	2.1	TITLE				
NAME	<u> </u>		2.2 N		1	•		
STREET ADDRESS	TREET ADDRESS		2.3	2.3 STREET ADDRESS				-
CITY-ST-ZIP	e verter		2. 4	CITY	ST-ZIP			
TITLE		☐ DELETE	3.1	TITLE			Change	☐ Addition
NAME	PONE A 1750 1150 1150 1150 1150 1150 1150 1150		3.2	NAME	-	•		•

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

51 TTD F

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

SIGNATURE:

14 (18) (4)

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

NATURE AND TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Change

☐ Change

00E024-744(08)

☐ Addition

Addition